



APPLICATION FOR MEMBERSHIP

Company Name _____

Mailing
Address _____

Street

City

State

Zip

Phone (____) _____

Fax (____) _____ E-mail _____

Primary Business Classification _____

Principal Officers _____ Title _____

_____ Title _____

I would like to join the chamber at the: Circle One

Corporate Level \$155

Small Business \$65

Individual \$41

Signature _____ Date _____

Mail this form with your payment to:

Board of Directors

Cen-Tex Hispanic Chamber of Commerce

915 LaSalle Avenue

Waco, Texas 76706

Or FAX: (254) 754-3456